

## State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use Fee Paid 10 Received CK# 1237 JUN 1 4 2005 Date 1/11/05

Section 1. APPLICAN	T - PERSON,	ORGANIZA	TION, OR	WATE	RSYS	TEM	
Name Louise Marie							
Mailing Address 80905 N	J. Yakima	River Dri	www.Tel:(	)			
CityWestRichland	_ State WA Zip-	+4 <u>99353+1</u>	, 185 FAX:(_	)		-	
Section 2. CONTACT  Same as above	- PERSON TO	O CALL ABO	DUTTHEA	PPLIC	CATIO	N	
Name			Home Tel:(_	)			
Mailing Address			Work Tel:(	)	<u> </u>		
City	_ State Zip-	+4+	FAX:(_	)			
Relationship to applicant							
Section 3. STATEMEN	MM(O) CHIMNON	24 Parameter					
The applicant requests a permit to cubic feet per second) from a of	□ surface water so	ource or 🛚 groun	nd water source (	check of	nly one) for A "LEGA"	or the purpose(s)	
sufficient. Estimate a maximum annual qua							-
Check if the water use is p	proposed for a shor	t-term project. In	dicate the period	l of time	that the w	vater will be nee	ded:
		1					
Section 4. WATER SO							
Section 4. WATER SO			OUNDWATE	R			
If SURFACE WATER  Name the water source and indicate, etc. If unnamed, write "un	OURCE	If GR			well	l(s).	
If SURFACE WATER  Name the water source and indicate, etc. If unnamed, write "un	icate if stream, spr nnamed spring," "u	If GR	OUNDWATE		well	l(s).	
If SURFACE WATER  Name the water source and ind lake, etc. If unnamed, write "unstream," etc.:	icate if stream, spr nnamed spring," "i diversion ma River	If GR A per unnamed	OUNDWATE		well	l(s).	
If SURFACE WATER  Name the water source and indicate, etc. If unnamed, write "unstream," etc.:  Number of diversions:     Yakara	icate if stream, spr nnamed spring," "i diversion ma River	If GR A per unnamed	COUNDWATE mit is desired for		well	l(s).	
If SURFACE WATER  Name the water source and indicate, etc. If unnamed, write "unstream," etc.:  Number of diversions:   Source flows into (name of body)	icate if stream, spr nnamed spring," "i diversion ma Riveral	If GR A per unniamed Size 8	COUNDWATE  mit is desired for  & depth of well(s	· ·			
If SURFACE WATER  Name the water source and indicate, etc. If unnamed, write "unstream," etc.:  Number of diversions: Yak:  Source flows into (name of body)  LOCATION  Enter the north-south and easiection corner:	icate if stream, spr nnamed spring," "u diversion Ma Riverally of water):	If GR A per annamed Size &	eoundwate mit is desired for desired for desired for desired for	on or w	rithdrawa on of source	I to the nearest	
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Appl. No.: 54-35057

Seci	1015. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
	Pump out of rever to water landscaping on lot. This could be a change in deversion print sin it would be prohibitably expensive to get water from the cancel. Extanation of expense \$8,100,00.
C.	Do you already have any water rights or claims associated with this property or system?  PROVIDE DOCUMENTATION.  Columbia Irrigation District
****************	ion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION mpleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system?   If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Comp	olete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?   If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
11411010000000001111000	ion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION mplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use landscaping Acres 3 Use Acres Use Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 6000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li></ol>
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below)
	Dairy - # Milking # Non-milking

Will	you be using a dam, dike, or other structure to retain or store water?	☐ YES ☐ NO
some	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservention from the Department of Ecology.	
Sec	ction 9. DRIVING DIRECTIONS	
Provi	de detailed driving instructions to the project site. North Grosseup from West Richland to Harrington to Twin Bridge Rd git an Twin Bridges 200 yels turn left on yak rive then of mile to 80905 N. y akema R	n Van De turn ima Rever iver Dr.
Sec	etion 10. REQUIRED MAP	
A.	Attach a map of the project. (See instructions.)	
Sec	ction 11. PROPERTY OWNERSHIP	
Α.	Does the applicant own the land on which the water will be used?  If no, explain the applicant's interest in the place of use and provide the name(s) and address(es	YES NO ) of the owner(s):
В.	Does the applicant own the land on which the water source is located?  If no, submit a copy of agreement:	⊠YES □ NO
to promoni empl	tify that the information above is true and accurate to the best of my knowledge. I understand occess my application, I grant staff from the Department of Ecology access to the site for inspitoring purposes. Even though I may have been assisted in the preparation of the above application of the Department of Ecology, all responsibility for the accuracy of the information reduced M. Lewis icant (or authorized representative)	ection and ication by the sts with me.
Land	Samo owner for place of use (if same as applicant, write "same")  Date	

☐ YES ☐ NO

Section 8. WATER STORAGE

We are returning your application for the following	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
		pplication by
	l above and return your a late).	pplication by
Please provide the additional information requested (a		pplication by

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**APPLICATION** 

Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.